

NEW BERLIN, WI 53151 262-641-9540 FAX: 262-641-9540 KATIE@THINKPAWSITIVEDOG.COM WWW.THINKPAWSITIVEDOG.COM

Canine Water Treadmill Fitness and Exercise Program

		_	
The following clie for:	ent has contacted us requestin	g to participate in	canine water treadmill exercis
	Conditioning	Fitne	SS
	Weight loss	Fun a	ectivity
Name:		Dog's Name:	
Address:		Breed:	
		Date of Birth:	
		Sex:	
Telephone:			
We offer the cani exercise their do	ne water treadmill to clients w	ho are interested The client mus	t sign a waiver assuming all ris
Are there medica	Il conditions or other reasons t	hat would limit or	preclude this dog from
exercising using	our canine underwater treadm	ill? YES□ N	o 🗆
Any recommenda	ations for special attention or s	signs of potential	risk to watch for?
Veterinary Clinic	Name:		Phone:

Signature

Date

Print Name